

EXHIBIT 2

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

Please read and review the filing instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): * H-2B

B. Temporary Need Information

1. Job Title * Bartender

2. SOC (ONET/OES) code *
35-3011

3. SOC (ONET/OES) occupation title *
Bartenders

4. Is this a full-time position? *

Yes No

Period of Intended Employment

5. Begin Date * 11/15/2017
(mm/dd/yyyy)

6. End Date * 04/15/2018
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

10

Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

10

a. New employment *

0

d. New concurrent employment *

0

b. Continuation of previously approved employment * without change with the same employer

0

e. Change in employer *

0

c. Change in previously approved employment *

0

f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) *

Seasonal Peakload One-Time Occurrence Intermittent or Other Temporary Need

9. Statement of Temporary Need *

SEE ADDENDUM

Due to the nature of the hospitality industry in Big Sky, MT, Yellowstone Club has an annually recurring seasonal need to employ Bartenders. Our club opens its dining operations in December and closes in April for the winter season. The city's location, at approximately midway between West Yellowstone and Bozeman on U.S. Highway 191 and just 15 miles from the northwestern border of Yellowstone National Park, makes it a popular tourism destination. The tourism industry has a tremendous economic impact in Montana. In 2016, Montana's over 12 million non-resident visitors spent [REDACTED], directly supported 38,300 jobs statewide, and generated [REDACTED] in state and local taxes. As regards peak season, winter is the biggest season in Big Sky. Reservations peak during the Christmas Holidays, Martin Luther King Jr. weekend, President's Day weekend, and most of March for Spring Break. During the summer season, the city becomes the gateway for those heading to Yellowstone National Park. Please note that we have not previously used the H-2B program for the Bartender position. As we are constantly running short of Bartenders this is a critical position we need to fill in to

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor**C. Employer Information**

Important Note: Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
Yellowstone Club Operations, LLC		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
One Yellowstone Club Trail		
4. Address 2		
PO Box 161097		
5. City *	6. State *	7. Postal code *
Big Sky	MT	59716
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
406-995-4900	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	713920	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	[REDACTED]	2009
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer	<input type="checkbox"/> Association – Sole Employer (H-2A only)	
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor	<input type="checkbox"/> Association – Joint Employer (H-2A only)	
	<input type="checkbox"/> Association – Filing as Agent (H-2A only)	

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
McPheeters	Cindy	N/A
4. Contact's job title *		
Director of Human Resources		
5. Address 1 *		
One Yellowstone Club Trail		
6. Address 2		
PO Box 161097		
7. City *	8. State *	9. Postal code *
Big sky	MT	59716
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	
406-995-7909	1301	
14. E-Mail address		
cindy.mcpheeters@yellowstoneclub.com		

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Attorney or Agent's last (family) name § ESTRELLA		3. First (given) name § JENNIFER	4. Middle name(s) § HOLT	
5. Address 1 § ONE ALHAMBRA PLAZA				
6. Address 2 SUITE 600				
7. City § CORAL GABLES		8. State § FL	9. Postal code § 33134	
10. Country § UNITED STATES OF AMERICA		11. Province N/A		
12. Telephone number § 305-774-5800	13. Extension N/A	14. E-Mail address JESTRELLA@FRAGOMEN.COM		
15. Law firm/Business name § FRAGOMEN DEL REY BERNSEN & LOEWY, LLP		16. Law firm/Business FEIN § [REDACTED]		
17. State Bar number (only if attorney) § 23184		18. State of highest court where attorney is in good standing (only if attorney) § FLORIDA		
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME COURT				

F. Job Offer Information**a. Job Description**

1. Job Title * Bartender				
2. Number of hours of work per week Basic *: <u>35</u> Overtime: <u>N/A</u>		3. Hourly Work Schedule * A.M. (h:mm): <u>11</u> : <u>00</u> P.M. (h:mm): <u>6</u> : <u>30</u>		
4. Does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. If yes, number of employees worker will supervise (if applicable) § <u>N/A</u>		
5. Job duties – A description of the duties to be performed MUST begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *				
SEE ADDENDUM Prepare cocktails, serve alcoholic and non-alcoholic drinks to members and guests. Ensure that each member and guest receives outstanding guest service in a guest friendly environment; Greet and acknowledge every member and guest; Prepare alcohol and non-alcohol beverage for Restaurant Outlet; Interact with Members and guests, taking orders and serving beverages; Assess Member and guest's needs and preference and making beverage recommendations; Assist with Outlet's inventory; Stock coolers, stock room and bar; Mix ingredients to prepare cocktails; Assist Restaurant Manager in planning bar menu; Check Member and guest identification and confirm it meets legal drinking age; Restock and replenish bar inventory and supplies; Comply with all food and beverage regulations; Assist the Servers, Host, and Supervisors with Restaurant operations; Maintain privacy of Members at all times; Maintain a clean and neat appearance at all				

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor

F. Job Offer Information (continued)

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required *	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § 12	4b. Indicate the occupation required § Bartender
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
SEE ADDENDUM	
HS Diploma, GED or equiv, or vocational training or job-related course work; 1 year of bartending exp. in a full-service restaurant or bar; Basic MS Office skills; Able	

c. Place of Employment Information

1. Worksite address 1 *	
One Yellowstone Club Trail	
2. Address 2	
N/A	
3. City *	4. County *
Big Sky	Gallatin
5. State/District/Territory *	6. Postal code *
MT	59716
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
N/A	

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor**G. Rate of Pay**

1. Basic Rate of Pay Offered *	1a. Overtime Rate of Pay (<i>if applicable</i>) §
From: \$ <u>11</u> . <u>00</u> To (Optional): \$ <u>N/A</u> . <u>N/A</u>	From: \$ <u>16</u> . <u>50</u> To (Optional): \$ <u>N/A</u> . <u>N/A</u>
2. Per: (Choose only one) *	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: § N/A	
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. §	
SEE ADDENDUM	
O/T available as needed paid at time and a half plus tips. A single workweek will be used to compute wages due. Wage paid weekly by check. All deductions from the worker's paycheck required by law will be made. The employer will provide workers at no	

H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
N/A		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
N/A	N/A	N/A
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Newspaper/Publication (<i>in area of intended employment for H-2B only</i>) *	Dates of Print Advertisement §	
4. N/A	From: N/A	To: N/A
5. N/A	From: N/A	To: N/A
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
N/A		

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix B. §	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Job Title § N/A		
5. Firm/Business name § N/A		
6. E-Mail address § N/A		

K. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 11/15/2017 to 04/15/2018.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

10/11/2017

Determination Date (date signed)

H-400-17222-237302

Case number

Full Certification

Case Status

L. Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210. **Please do not send the completed application to this address.**

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor**ADDENDUM****ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need**

meet our seasonal need. The last winter season we had constantly to resource to our Sommeliers and Servers to fill in in the position as we could not locate qualified Bartenders. As you may see from our payroll report our seasonal need begins in December and extends through April. Please note that Yellowstone Club does not maintain permanent hourly employees in the F&B Division year round because our winter operations run from December to April. We have an Executive Chef, Executive Sous Chef, and a couple Sous Chefs who handle the employee dining and such when we are closed. We reopen again in June for the summer season, which ends in September. As we have found it increasingly difficult to find qualified US workers willing and able to perform the duties required of the position, we are seeking certification for 10 persons to work temporarily as Bartenders for the period from 11/15/2017 through 04/15/2018. We are asking the start date for mid November so that the Bartenders can start prepping the restaurant and food outlets for the opening day in December.

ABOUT THE EMPLOYER: Founded in 2001 by Tim Blixseth, Yellowstone Club Operations, LLC (Yellowstone Club) underwent restructuring in 2009, and has been an active company since then. It is a private residential club, ski resort, and golf resort located in the state of Montana located in Big Sky, Montana. Yellowstone Club was a pioneer in the members-only space. The first private club with its own mountain, its Über-rich members that include sports figures, entertainment figures, Fortune 100 company CEO's, etc. Most of the ski runs are on Pioneer Mountain, which has a summit elevation of 9,859 feet (3,005m). The resort has several lifts and ski runs that tie directly into Big sky Resort's lift system. The Big Sky ski area and the Yellowstone Club share a five-mile border. The ski resorts are surrounded by 250,000 acres of the Gallatin National Forest. On average, the Yellowstone Club's Pioneer Mountain receives approximately 300 inches of snowfall each year and it has 2200 acres for skiing. Yellowstone Club also features cross country skiing, ice skating and numerous indoor activities. Many additional recreational opportunities are available in summer including golf, climbing, mountain biking, kayaking, and fly fishing. Yellowstone Club has over 860 houses (some of them are in excess of 20,000 square feet), restaurants, spa, fitness center, copper pool, golf club, etc. Real estate prices are in the millions of dollars. The property employs approximately 1,200 in winter season and about 600 in the summer.

OMB Approval: 1205-0509
Expiration Date: 12/31/2018

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION F.a.5: Additional Notes Regarding Job Duties

times. Other related duties as requested.

35 hours work per week. 5 work shifts per week. Must be able to work flexible work hours/schedule including evenings, weekends and holidays.

OMB Approval: 1205-0509
Expiration Date: 12/31/2018

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION F.b.5: Special Requirements

to speak/write English clearly/legibly; perform basic math calculations; bend, stoop, kneel, crouch, reach with hands and arms or operate a computer; frequently lift up to 40 pounds; constantly stand, walk, talk and hear. May be required to work outside in extreme heat, cold, rain, wind, snow or inclement weather if required. Pre-employment background check and post accident drug testing will be carried out equally between the US workers and the H2B workers.

H-2B Application for Temporary Employment Certification
Form ETA-9142B
U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION G.3: Additional Notes Regarding Wage Information

charge all tools, supplies, and equipment required to perform the job. The employer guarantees to offer work for hours equal to at least three fourths of the workdays in each 12-week period of the total employment period. H2B workers will be reimbursed in the first workweek for all visa, visa processing, border crossing, and other related fees, including those mandated by the government (excluding passport fees). Employer will provide transportation and subsistence at no cost to the worker from the place from which the worker has come to work for the employer, whether in the U.S. or abroad, to the place of employment, if the worker completes 50 percent of the period of employment. Any out of pocket expenses will be paid during the first work week. Daily subsistence will be provided at a rate of \$12.07 per day during travel to a maximum of \$51.00 per day with receipts. Return transportation will be provided if the worker completes the employment period or is dismissed early by the employer. Transportation to & from the worksite provided by the employer at no cost to worker. Workers can also get free complimentary bus passes take them to Bozeman; Shared, subsidized housing available if needed. Housing is optional. If accepted, cost of housing at \$150 per pay cycle (on a weekly basis) will be deducted from payroll as permitted by law.